DISCUSSION OF GROUP PRACTICE IN THE EDUCATION OF MEDICAL STUDENTS*

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AMONG the many interesting things that Leon O. Jacobson brought out in his talk was the statement that schools of medicine, while deeply involved for many decades with the medical care of the lower-income groups and the very poor, have been unable to devise adequate solutions for the comprehensive care of these medical indigents. Reasons for this were highlighted at this conference by Joyce C. Lashof and Harold B. Wise and other members of the health-care team from the Mile Square Health Center in Chicago. The main reasons: we have distributed medical care on our terms at the patients' request; we have allowed ourselves to be insulated from the patient's family, home, neighborhood, friends, customs, and habits. His health is in many ways a function of all of these factors. In the instance of the patients who come to Dr. Jacobson's hospital and follow-up clinics there is a great similarity of background for patient and physician, for family patterns, and for religious, ethnic, and social customs. These patients assumed responsibility for return visits, for taking medicine, for following regimens. This whole relation is utterly different from the one in which doctors, nurses, and others of the health-care team deal with health in a community they do not understand and with people to whom they do not relate except in short, well-structured episodes. The physicians respond only to one part of the health picture: the patient's complaint and the physical and laboratory findings. We are ignorant of why the patient did not seek medical help earlier, why he ate what he did, why he did not follow instructions, drank as he did, exercised or did not, slept much or little, and behaved otherwise. Those of us who care for these persons should have reached farther than was necessary

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in taking care of Dr. Jacobson's patients. For many reasons we have not done so. We meet them on our grounds, not theirs.

Can one reach these 20 or 30 million people through the approach of the solo practitioner? To do so I think 20,000 dedicated and inspired missionaries willing to work under pressure would be needed. The task in question is not feasible for a soloist. Dr. Lashof's group reached into the community with the aid of visitors or health teachers from the neighborhood, who help the nurses and doctors understand not only the patients but their environment, culture, and habits, those patterns by which they live, stay healthy, or become ill.

As for the talks on prepaid practice we have heard: the picture I received of the new methods and efforts involved in the delivery of medical care in the past few decades was as discouraging as today's picture of tomorrow's health delivery was stimulating. However, progress was made during the last decade and the variations and new patterns arising therefrom are indeed encouraging to me. Four to five million people have come to accept and use a new system of health care: prepaid or, so to speak, insured group practice. This is a dramatic change from practices used by physicians and patients for thousands of years. The old customs of the delivery of medical care so well established and so little changed through the centuries have been challenged because of the great scientific and social changes affecting medicine. The fact that so many people have chosen this method of the delivery of care would indicate that the pattern is well established, has proved itself, is strong, and is ready to grow and respond to new influences. For thousands of years people have almost visibly pictured the doctor as waging a personal duel with death, protecting the patient on his couch of pain, or worried, or near to death. This image—I even had it myself at one time—of one man standing between the patient and the various fates awaiting him will not disappear overnight. In a sense I am not so sure that it should be entirely dispersed. There is a need to have it appreciated more acutely in group practice; its spirit does certainly permeate many good groups.

As I consider the figure of four or five million patients I can think of three reasons why it is not even greater: first, that in organizing the care of many persons the importance of the personal factor as expressed by the doctor, the nurse, the social worker, or the technician is forgotten in the press of other things; second, that the potential of this type of

practice for the physician, of its many, many advantages to him has not been adequately "sold" in medical schools or in colleges or even in high schools when the young are exploring the possibilities for their life's work. Accordingly there has been a shortage of physicians in these groups that has retarded the rate of increase. Finally, the patients who participate in this form of health care have not been made aware adequately of its benefits. All of these deficiencies can be corrected, and I am sure that in many places they are being worked on now.

It would seem to me that the evolving patterns of group practice and of the forward-looking health-care teams in units where the visitor from the neighborhood, the visiting nurse, and the doctor can shake hands and work together, create relations that are extremely important. A solid base is thus formed from which one can approach the overwhelming problem of caring for the 30 or 40 million new patients that society has given us.